



San Bernardino County Recorder/Clerk

Larry Walker, Auditor/Controller-Recorder

222 W. Hospitality Lane, 1st Floor, San Bernardino CA 92415-0022
Public Service Counter Hours: 8:00 a.m. to 4:30 p.m., Monday-Friday
(909) 386-8970 or 386-8969

Please TYPE or PRINT legibly in **BLACK** ink only and use additional sheets as needed.

Page ____ of ____

FICTITIOUS BUSINESS NAME: ADDITIONAL INFORMATION FORM

☐ FILING ☐ ABANDONMENT (FBN NO. _____)

ADDITIONAL BUSINESS NAMES

Enter No of Name	List Additional Business Names	Enter Complete Start Date or N/A if not yet started

ADDITIONAL BUSINESS REGISTRANTS

(4) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration)		State of Incorp./Org/Registration and number	
Residence Street Address (Mailing address is Not acceptable)	City	State	Zip Code
(5) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration)		State of Incorp./Org/Registration and number	
Residence Street Address (Mailing address is Not acceptable)	City	State	Zip Code
(6) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration)		State of Incorp./Org/Registration and number	
Residence Street Address (Mailing address is Not acceptable)	City	State	Zip Code
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(8) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration)		State of Incorp./Org/Registration and number	
Residence Street Address (Mailing address is Not acceptable)	City	State	Zip Code

Signature is required on both Page 1 and any additional forms used.

BY SIGNING BELOW, I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT.

A registrant who declares as true information, which he or she knows to be false, is guilty of a crime (B&P Code 17913).

I am also aware that all information on this statement becomes Public Record upon filing.

Signature: _____ Date: _____

Type or Print Name: _____